PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD VCI / 2003 / 2001 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER FILED **NUMBER EXTRA RATE** FEE **RATE** FEE 20 None **BASIC FEE \$** 385 OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = NONE OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = NONE OR = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) NONE OR = = \$385 OR **TOTAL** TOTAL # If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE **TIONAL** RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE AMENDMENT** PAID FOR OR Total Minus x \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-B REMAINING **PRESENT NUMBER** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL TIONAL **RATE AMENDMENT AFTER** PREVIOUSLY **EXTRA FEE** FEE AMENDMENT PAID FOR OR Total ** Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			นง				}-	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			√V mir	*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	ン minus 3 = *			<u> </u>		X43=		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							3)	ОТН			OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	Т	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	4	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column		ADDIT. FEE			ADDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		_]	+145=		OR	+290=	
L								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		JOH	ADDIT. FEE	
AMENDMENT C	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA	T	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	strak:		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								0.1		
	FIRST PRESE	NIATION OF M	ULTIPLE DE					1115-			1200-	
	if the entry in colu	mn 1 is less than t	ne entry in colu	ımn 2, write	e "0" in col			+145= TOTAL		OR	+290=	
**	If the entry in colu If the "Highest Nu		ne entry in colu aid For" IN THI aid For" IN TH	ımn 2, write IS SPACE i	e "0" in col is less tha is less tha	n 20, enter " n 3, enter "3	3."	TOTAL ADDIT. FEE	propriate bo	OR	TOTAL ADDIT. FEE	